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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number 10/723,683 Filing Date November 25, 2003 First Named Inventor Richard B. ROTH Art Unit 1645 **Examiner Name** Not Yet Assigned Attorney Docket Number 524592007200

ENCLOSURES (Check all that apply)									
Fee Transn	nittal Form	Drawing(s)	After Allowance communication to Technology Center (TC)						
Fee Attached Amendment/Reply After Final Affidavits/declaration(s)		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter X Other Enclosure(s) (please Identify below): Request for Withdrawal As Attorney or Agent and Change of Correspondence Address (1 page, plus 2 copies)						
		Petition							
		Petition to Convert to a Provisional Application							
		Power of Attorney, Revocation Change of Correspondence Address							
Extension of Time Request		Terminal Disclaimer							
Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Request for Refund CD, Number of CD(s)							
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	SIGNATI	JRE OF APPLICANT, ATTORNEY, OF	RAGENT						
Firm or Individual name	MORRISON & FOERSTER LLP Brenda J. Wallach – 45,193								
Signature	Signature Brends Mallach								
Date August 31, 2004									

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Dated: August 31, 2004

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

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	Application Number	10/723,683				
	Filing Date	November 25, 2003				
	First Named Inventor	Richard B. ROTH				
	Art Unit	1645				
	Examiner Name	Not Yet Assigned				
	Attorney Docket Number	524592007200				

Commissioner for Patents To: P.O. Box 1450									
Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and									
	all the attorneys/agents of record.								
the	the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
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This withdrawal is being made at the request of the applicant.									
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Signature	Denda IV	alla	eh	Registration	No.	45,193			
Date	August 31, 2004			Telephone No.		(858) 720-7961			
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									